

SEP 17 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26765  
6557

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Anthony's Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **0** (Specify whether  
In this community..... years, months or days)

3. (a) PRINT FULL NAME **John A. Brockhaus**

3. (b) If veteran,  
name war **No.**

3. (c) Social Security  
No. **No.**

4. Sex **Male** 0 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Minnie Brockhaus**  
6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **July 7 1872**  
(Month) (Day) (Year)

8. AGE: Years **69** Months **1** Days **4**  
If less than one day hr. min.

9. Birthplace **St. Louis Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Merchant**

11. Industry or business **Ice & Coal**

12. Name **Henry Brockhaus**

13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Wilhelmuna Brockhaus**

(b) Address **4305 Grace**

17. (a) **Burial** (b) Date thereof **8/13/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Samuel A. [Signature]**

(b) Address **3013 Meramec**

19. **AUG 11 1941** (b) **J. F. [Signature]**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County.....  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4305 Grace**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **11**  
year **1941** hour **3.40** minute **A. M.**

21. I hereby certify that I attended the deceased from **Aug 1, 1941**  
to **Aug 11, 1941**  
that I last saw him alive on **Aug 11, 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Artery Disease**  
Duration **1 year**

Due to.....  
Due to.....

Other conditions.....  
(include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature **Richard H. Smith** (M. D. or other) **19**  
Address **4145 So. Graves** Date signed **8/11/41**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

4145-1. Bureau  
2 to 4.

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### STATEMENT BY LICENSED EMBALMER

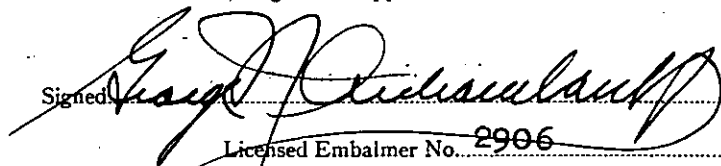
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

....., Registered Apprentice No. XXXXX

working under my personal supervision.

Signed



Licensed Embalmer No. 2906

P. O. Address 3013 Meramec

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**